

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on August 13, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 97032, 97110, 97122, 97250, 99213-MP, 99080-73, 97265, 99082, 97750-MT, 95851, 97124, and 99213 for dates of service 08/03/02 through 05/23/02.

II. RATIONALE

EOB's submitted denied the disputed dates of service for "E – Entitlement to benefits" and "O – Denial after reconsideration". A Benefit Contest Case Hearing was held on July 18, 2003; the claimant proved he sustained a compensable injury on ____; the compensable injury is a lumbar sprain. Since there are no other denials the disputed dates of service will be reviewed according to Commission Rules and the 1996 Medical Fee Guideline.

- CPT Code 97032 for date of service 09/03/02 and 09/10/02. The respondent submitted a payment screen that shows payment was made for these dates of service; however, EOBs were not submitted with the payment screen showing what CPT codes were paid as a result, Medical Dispute Resolution is unable to verify what amounts were paid per CPT code. The table of disputed services and HCFA submitted with the dispute shows the requestor billed for two units of electrical stimulation for each date of service and was paid for one unit per each date of service. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(iii) SOAP notes support delivery of service. Reimbursement is in the amount of \$44.00 (\$22.00 x 2) is recommended.
- CPT Code 97110 for dates of service 12/09/02 through 03/31/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one". Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Documentation does not clearly delineate exclusive one-on-one treatment; therefore, MDR declines to issue reimbursement for CPT code 97110.

- CPT Code 97122 for dates of service 12/09/02 through 04/22/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) SOAP notes support delivery of services for 21 of the 22 dates of service. Date of service 01/06/03 does not support delivery of service. Reimbursement in the amount of \$700.00 (\$35.00 x 20) is recommended.
- CPT Code 97250 for dates of service 12/09/02 through 04/09/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes support delivery of service. Reimbursement in the amount of \$2,107.00 (\$43.00 x 49) is recommended.
- CPT Code 97265 for dates of service 12/09/02 through 04/09/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(C)(3) SOAP notes support delivery of service. Reimbursement in the amount of \$2,107.00 (\$43.00 x 49) is recommended.
- CPT Code 99213-MP for dates of service 12/09/02 through 05/23/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(1)(b) SOAP notes support delivery of services for 50 of the 53 office visits with manipulations. SOAP notes for dates of service 01/28/03, 02/03/03, and 03/10/03 do not support the delivery of services. Reimbursement in the amount of \$2,400.00 (\$48.00 x 50) is recommended.
- CPT Code 97750-MT for dates of service 01/08/03, 02/12/03, and 03/12/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(3) Muscle Testing Reports support delivery of service. Reimbursement in the amount of \$129.00 (\$43.00 x 3) is recommended.
- CPT Code 99080-73 for dates of service 01/06/03, 03/20/03, 04/21/03, and 5/20/03. Per §133.106(f)(1) submitted required reports are reimbursed in the amount of \$15.00. The TWCC-73 submitted supports the delivery of service for date of service 03/20/03. The dates on the TWCC-73 reports submitted by the requestor for dates of service 01/06/03, 04/21/03 and 5/20/03 did not correspond with the table of disputed services and do not support delivery of service for those dates of service. Reimbursement in the amount of \$15.00 is recommended.
- CPT Code 95851 for dates of service 02/03/03, 02/19/03, and 03/03/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(4) Range of Motion testing results support delivery of service. Reimbursement in the amount of \$108.00 (\$36.00 x 3).
- CPT Code 99082 for dates of service 01/15/03 and 01/24/03. Per CPT descriptor this CPT code is a DOP code and is used for unusual travel, i.e. transportation and escort of the patient. Per the 1996 Medical Fee Guideline, General Instructions (III)(A)(1) the SOAP notes do not support delivery of service. Reimbursement is not recommended.

- CPT Code 97032 for date of service 3/17/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(iii) the submitted SOAP note does not support the delivery of service billed. Reimbursement is not recommended.
- CPT Code 97124 for date of service 3/25/03. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(b) SOAP notes were not submitted for date of service 3/25/03 and therefore does not support the delivery of service billed. Reimbursement is not recommended.
- CPT Code 99213 for dates of service 03/28/03 and 04/22/03. Per the 1996 Medical Fee Guideline, Evaluation & Management Ground Rule (IV)(C)(2) and the CPT descriptor SOAP notes support delivery of service. Reimbursement in the amount of \$96.00 (\$48.00 x 2) is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 97032, 97122, 97250, 97265, 99213-MP, 97750-MT, 99080-73, 95851, and 99213 in the amount of \$7,706.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$7,706.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 10th day of February 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
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